



Request for Services Relating to Nonprofit Work

DATE: _____ REFERRED BY: _____

GROUP NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GROUP IS: FOR PROFIT NOT FOR PROFIT

GROUP CONTACT NAME: _____

PHONE: _____ FAX: _____ ALTERNATE: _____

EMAIL ADDRESS: _____ WEBSITE: _____

WHEN DID GROUP'S EXISTENCE BEGIN? _____

CRITERIA FOR MEMBERSHIP IN GROUP OR CRITERIA FOR CLIENTS SERVED:

AMOUNT BUDGETED FOR ATTORNEYS OR OTHERWISE AVAILABLE FOR ATTORNEYS: _____

HOW MUCH HAVE YOU PAID FOR LAWYERS IN THE LAST THREE YEARS: _____

BRIEFLY DESCRIBE PURPOSE OF GROUP: _____

DESCRIBE ISSUE(S) WITH WHICH YOU NEED LEGAL ASSISTANCE (USE ADDITIONAL PAPER IF NECESSARY):

I CERTIFY THAT THE FOREGOING INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THE INFORMATION PROVIDED IS FOUND TO BE UNTRUE, IT MAY BE CAUSE FOR THE IMMEDIATE TERMINATION OF REPRESENTATION THROUGH THE NEW ORLEANS PRO BONO PROJECT. I FURTHER UNDERSTAND THAT THE NEW ORLEANS PRO BONO PROJECT RESERVES THE RIGHT TO TAKE STEPS TO VERIFY THIS INFORMATION AND FURTHER THAT IF THE GROUP'S FINANCIAL STATUS, COMPOSITION OR PURPOSE CHANGES DURING REPRESENTATION IN ANYWAY THAT AFFECTS ELIGIBILITY. THE GROUP HAS A DUTY TO PROMPTLY NOTIFY THE PROJECT OF ANY SUCH CHANGES.

GROUP NAME

GROUP CONTACT NAME (CERTIFYING INDIVIDUAL)

TITLE OF CERTIFYING INDIVIDUAL

Please return completed form to **The Pro Bono Project.**

MAIL: 935 Gravier Street, Suite 1340, New Orleans, LA 70112

FAX: (504) 566-0518

EMAIL: intake@probono-no.org

If you have any questions about this form, please call (504) 581-4043.